HTE# 06-500 16168

Harnett County Department of Public Realth 23413

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: NC 27 SUBDIVISION / AUREL WATER Site Improvements required prior to Construction Authorization Issuance: EXPANSION Type of Structure: Proposed Wastewater System Type: Projected Daily Flow: Number of Occupants: Number of bedrooms: Basement Yes ☐ No ☐ May be required based on final location and elevations of facilities Pump Required: XYes Five years Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: ☐ No expiration Permit conditions: Meet Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. PROPERTY LOCATION: NC 2 / ISSUED TO: Expansion Basement? Yes Non Basement Fixtures?

Yes (Initial) Wastewater Flow: 7(3 GPD Type of Wastewater System* (See note below, if applicable) Installation Requirements/Conditions Exact length of each trench 1x 10 feet Trench Spacing: 9 Septic Tank Size Trenches shall be installed on contour at a Pump Tank Size Maximum Trench Depth of: 1824 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ ft. TDH vs. inches below pipe Aggregate Depth: inches above pipe inches total I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. ** If applicable: Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. Authorized State Agent: Construction Authorization Expiration Date: _ 1/ - 2 5

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Permit # 23413

Harnett County Department of Public Health Site Sketch

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